

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/2/03.

I. DISPUTE

Whether there should be additional reimbursement for office visit (99211) on 12/20/02 and therapy (97110) provided from dates of service (DOS) 9/10/02 through 10/14/02.

The respondent denials for CPT 97110 was 'F-submitted documentation does not support or meet criteria for one-to-one therapy that is identified in the fee guideline ground rules.'

II. FINDINGS

The office visit (99211) on 12/20/02, did not have a HCFA nor any EOB's for review, therefore this DOS is not eligible for review according to 133.307 (a), (d)(1).

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
9/10/02 9/11/02 9/12/02 9/13/02 9/16/02 9/17/02 9/18/02 9/19/02 9/20/02 9/25/02 10/1/02 10/2/02 10/3/02 10/4/02 10/07/02 10/8/02 10/9/02 10/14/02	97110 x 18 days	\$140.00 (x 4 units) x 18 days	\$0.00	F	\$35.00 (ea.15 min =\$140.00 day)	413.016 1996 MFG MGR (I) (A)(9)(b)	See Rational below for this code:

***Rational 97110**

MFG MGR (I)(A)(9,b -10), CPT descriptor

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not indicate (document) that the injury was severe enough to warrant exclusive one-to-one therapy.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 97110.

The above Findings and Decision are hereby issued this 08th day of June 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division